

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



CONFIRMATION NO. 7800

SERIAL NUMBER 09/782,353	FILING OR 371(c) DATE 02/12/2001 RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. 207-001	
APPLICANTS Martin Daniels, Farmington Hills, MI; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/15/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
ADDRESS John G. Chupa Law Offices of John G. Chupa & Associates, P.C. 28535 Orchard Lake Road Ste. 50 Farmington Hills ,MI 48334					
TITLE Cutter					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7800

SERIAL NUMBER 09/782,353	FILING DATE 02/12/2001 RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. 207-001
APPLICANTS Martin Daniels, Farmington Hills, MI; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/15/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 11
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS John G. Chupa Chupa & Alberti, P.C. Suite 205 31313 Northwestern Highway Farmington Hills, MI 48334				
TITLE Cutter				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	